



Last Updated: 03/09/2022

## Medicare-Medicaid Alignment Demonstration

The purpose of this memorandum is to notify providers that the Department of Medical Assistance Services (DMAS) intends to implement the Medicare-Medicaid Alignment Demonstration in 2014.

The Medicare-Medicaid Alignment Demonstration was announced by the Centers for Medicare & Medicaid Services (CMS) in 2011 to help streamline service delivery, improve health outcomes, and enhance the quality of life for individuals eligible for both Medicare and Medicaid services ("dual eligibles") and their families. Under the Demonstration's capitated model, DMAS, CMS, and selected managed care organizations (MCOs) will enter into three-way contracts through which the MCOs will receive a blended capitated rate for the full continuum of Medicare and Medicaid benefits provided to dual eligible individuals. DMAS submitted a letter of intent and a proposal to CMS indicating the Department's desire to participate in the Medicare-Medicaid Alignment Demonstration. Virginia plans to offer the Demonstration from January 1, 2014, through December 31, 2016.

DMAS intends to implement the Demonstration in five (5) regions (Central Virginia, Northern Virginia, Tidewater, Western/Charlottesville, and Roanoke) starting in 2014. Implementation will be phased-in. Refer to the Attachment for a proposed list of localities in each region. Please note Accomack, Mathews, and Northampton have been moved from Central Virginia to the Tidewater region. Dual eligible individuals age 21 and over who are enrolled in Medicare Parts A and B and full-benefit Medicaid, including those enrolled in the Elderly or Disabled with Consumer Direction (EDCD) Waiver and those residing in nursing facilities will be eligible to participate in the Demonstration. Approximately, 70,000 dual eligible individuals *may* be eligible to enroll and participate in the first year of the Demonstration. This means that dual eligible individuals who participate in the Demonstration will receive their primary, acute, behavioral and long-term care services through a network of providers maintained by the MCOs and no longer through providers in the Medicaid fee for service system. Participation in the Demonstration by eligible individuals is voluntary. Eligible individuals will be passively enrolled, but they may opt out at any time before or during the Demonstration period.



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## **IMPACT OF THE MEDICARE-MEDICAID DUAL ELIGIBLE DEMONSTRATION ON PROVIDERS**

It is anticipated DMAS will select MCOs to participate in the Dual Eligible Demonstration through a competitive Request for Application (RFA) process in Spring 2013. MCOs interested in participating in the Medicare-Medicaid Demonstration must submit their proposed long-term care and community mental

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health and substance abuse services provider networks to DMAS in Spring 2013 in response to the Department's RFA. However, prior to this activity, in accordance with CMS requirements MCOs interested in participating in the Demonstration must submit their proposed medical and pharmacy provider networks for the Dual Eligible Demonstration to CMS by February 21, 2013. Each MCO is responsible for the development of its provider network; consequently, MCOs *may* be in contact with you as a Medicaid provider of primary, acute, behavioral or long-term care services regarding your willingness to join their networks to serve dual eligible individuals in the Demonstration.

## **ADDITIONAL INFORMATION ON THE MEDICARE-MEDICAID DEMONSTRATION IN VIRGINIA**

Please visit DMAS' Integrated Care for Medicare-Medicaid Enrollees website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-enrl.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx) for additional information about the Medicare- Medicaid Alignment Demonstration in Virginia or e-mail questions to [Dualintegration@dmas.virginia.gov](mailto:Dualintegration@dmas.virginia.gov). Updates regarding the status of this Demonstration will be posted to the website on a regular basis.

If you are interested in the Medicare-Medicaid Alignment Demonstration on a national level you can visit the Integrated Care Resource Center (ICRC) website at <http://www.integratedcareresourcecenter.com>. An additional CMS Integrated Care website resource may be found at



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the following link:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Integrating-Care.html>.

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800- 884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.